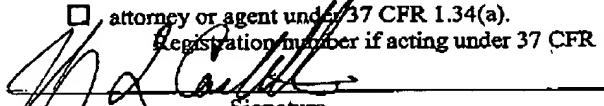


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DEC. 12. 2005 5:23PM 866 741 0075

NO. 4888 P. 2

DEC 12 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740756-875										
In re Application of Shunpei YAMAZAKI et al.												
Application Number 08/065,757		Filed 05/24/1993										
For SUPERCONDUCTING CERAMICS												
Group Art Unit 1755	Examiner KOSLOW, Carol M.											
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-272-8300, on December 12, 2005.</p> <p>Signature: <u>Phoebe M. Jones</u> Name: <u>Phoebe M. Jones</u></p>												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td> <td>\$ <u>450.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p> Signature _____</p> <p>Jeffrey L. Costellia - Reg. No. 35,483 Typed or printed name _____</p> <p>202-585-8000 Telephone Number _____</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ <u>450.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____											
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ <u>450.00</u>											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____											

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